

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101562191

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14	1					
15	1					
16		3				
17	1	1				
18		1				
19	1					
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26	1					
27	1					
28	1					
29	1					
30		4				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37	1					
38		2				
39		2				
40		1				
41	1					
42		1				
43		1				
44	1					
45	1					
46	1					
47	1					
48	1					
49		5				
50						
TOTAL IND.	21	↓		↓		↓
TOTAL DEP.	44	←		←		←
TOTAL CLAIMS	65					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						